JOINT BOARDS
SOUTH DAKOTA BOARD OF NURSING
SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

4305 S. Louise Avenue, Suite 201, Sioux Falls, South Dakota 57106-3115
Phone: 605-362-2760 Fax: 605-362-2768 www.nursing.sd.gov

Certified Nurse Midwife

WAIVER of the Collaborative Agreement to Attend Out-of-Hospital Births

THIS REQUEST for a WAIVER, is made this _____day of _____, 20___, by

_____ hereinafter referred to as Certified Nurse Midwife, WITNESSETH:

Whereas, a plan provided for under SDCL Chapter 36-9A whereby certain professional services may be performed by a qualified, licensed Certified Nurse Midwife in compliance with educational and training requirements, pursuant to SDCL 36-9A, as administered by the South Dakota Board of Nursing and the South Dakota Board of Medical and Osteopathic Examiners, hereinafter referred to as Boards,

Whereas, performance of the overlapping scope of advanced practice nursing and medical functions requires licensure as a Certified Nurse Midwife and furthermore that such services shall be performed in collaboration with a physician, as defined in SDCL 36-9A-17,

Whereas, the Boards recognize the following nationally recognized documents to describe standards of practice and entry-level competencies for the practice of the Certified Nurse Midwife,

1. *American College of Nurse-Midwives: Core Competencies for Basic Midwifery Practice* (May 2002, Revised June 2004). Silver Spring, MD: American College of Nurse-Midwives. http://www.acnm.org/education.cfm?id=331
2. *Standards for the Practice of Midwifery* (March 2003). Silver Spring, MD: American College of Nurse-Midwives. http://www.acnm.org/education.cfm?id=331

Whereas, pursuant to SDCL 36-9A, a qualified, licensed, Certified Nurse Midwife, may request a waiver of the collaborative agreement requirement to attend out-of-hospital births under certain circumstances.

And whereas, a waiver of the requirement of a collaborative agreement to allow a Certified Nurse Midwife to attend out of hospital births shall not take effect until this request has been filed in the office of the State Board of Nursing and approved by the Boards.

NOW, THEREFORE, IT IS AGREED: the Certified Nurse Midwife may perform such services as are allowed by SDCL 36-9A-13 and other tasks authorized by the Boards and not expressly excluded by SDCL Chapter 36-9A for which educational and clinic competency has been demonstrated in a manner satisfactory to said Boards, pursuant to SDCL 36-9A-15.

The Certified Nurse Midwife, following approval of this request, may perform out of hospital birth services in accordance with the guidelines as written below. It is further agreed that once approved, the waiver shall remain in effect unless terminated by either the Certified Nurse Midwife or the Boards.

Practice Guidelines for Out of Hospital Birth by Certified Nurse Midwives in South Dakota

Nurse Midwifery care is the practice of giving care to women during pregnancy, labor, birth and the postpartum period, as well as care to the newborn infant. It also includes the well woman care during all phases of life. Nurse Midwifery care is provided in accordance with standards established by the American College of Nurse Midwives, which promotes safe and competent care. The Certified Nurse Midwife (CNM) implements these standards through knowledge of the Core Competencies established by the American College of Nurse Midwives.

The goal of selection criteria in an out of hospital midwifery practice is to identify the client who, by all current medical and midwifery standards and knowledge, has an excellent prognosis for a normal, healthy pregnancy, birth, and postpartum course. Birth site selection is an ongoing process throughout pregnancy labor and the postpartum period.

Ongoing evaluation of the childbearing woman choosing an out of hospital birth includes risk screening to assess and identify conditions which may indicate a deviation from normalcy. The identification of those conditions may require physician involvement and or alternate birth place. In making this assessment, a CNM relies on her/his training, skill, and clinical judgment.

To allow for the out of hospital practice of nurse midwifery in South Dakota, in the absence of a collaborative agreement, the CNM must provide evidence for the following:

1. Documentation of "Informed Consent" for out of hospital birth which is reflective of the midwife's and clients' joint acceptance of the written "Plan of Care" document;
2. Documentation of indications for consultation, referral or transfer of care document;
3. Documentation of definition of suitable clients for out of hospital birth care;
4. Appropriate medications and equipment and certifications necessary to Assure safety;
5. Mechanism for documentation of care, record keeping, continuous quality improvement and peer review,

The Plan of Care Agreement (POC)

The POC is representative but not an exhaustive list of situations which may assist in decision making for the parents and the CNM. The CNM will keep on file a signed statement verifying that each client has read and understood the CNM's initial POC. The POC will be written or translated in language understandable to the client. The POC shall include information regarding the CNM's responsibilities, client's rights and practice guidelines. The ongoing POC does not require signature and may be incorporated into routine client records. The initial POC may include but is not limited to:

1. Philosophy of practice and care;
2. Credentials of the CNM;
3. Benefits and risks of out-of hospital birth;
4. Information regarding the CNM's emergency care plan;
5. Information regarding care/equipment provided;
6. Information regarding a client's right to give informed consent prior to any procedure and/or administration of any prescribed medication to the mother or newborn, including risks, benefits, options, and alternatives;
7. Information regarding the CNM's expectations of the client's responsibilities and the CNM's right to discontinue care;
8. Legal requirements regarding mandated newborn screening for inborn errors of metabolism (PKU), hearing screening, eye prophylaxis, reporting of communicable diseases, and registration of birth and death certificates;
9. Client financial agreement;
10. HIPPA Compliance information.

Addendums to the POC may include but are not limited to:

1. Acceptance/refusal of the CNM's recommended care. The client's decision to refuse/decline recommended care will be made in writing, signed by the client, and kept with the client's POC.

2. Information regarding client conditions/concerns for which a CNM may need to consult with a physician, refer a client to a physician, and/or transfer the client out of CNM's care to a physicians care;
3. The CNM will give a copy of the initial POC to the client and keep a copy of the initial POC in the client's records.

Nurse Midwifery Record Keeping

The CNM shall:

1. Document completely and accurately the client's history, physical exam, laboratory tests results, prenatal visits, consultation reports, referrals, labor and birth care, postpartum care/visits, and neonatal evaluations at the time CNM services are delivered and when reports are received;
2. Facilitate clients' access to their own records;
3. Maintain the confidentially of clients records in accordance with HIPPA regulations
4. Retain records for a minimum of five years;
5. Complete/file all state required certificates in a timely manner.
6. Provide complete copy of records as necessary for transfer of care with a signed release of information from client.

Practice Guidelines

Practice guidelines will be reviewed by each potential client. Upon review, the client will complete an informed consent document that they understand the practice guidelines.

The client shall be seen by the CNM or other appropriate health care provider at least once every four weeks until 30 weeks gestation, once every two weeks from 30 until 36 weeks gestation, and weekly after 36 weeks gestation, or as appropriate. The responsibilities of the CNM shall include, but are not limited to:

A. Prenatal Care

1. Initial and subsequent prenatal visits
2. History/assessment of general health.
3. History/assessment of obstetric status.
4. History/assessment of psychosocial status.
5. Physical Exam
6. Laboratory Tests; the client will be offered the following laboratory tests to include but not limited to:
   - Hemoglobin, Hematocrit, or CBC
   - Urinalysis
   - Syphilis serology
   - Blood group, Rh type, and antibody screen
   - Hepatitis B surface antigen
   - Rubella screen
   - Genetic screening
   - Gonorrhea
   - Chlamydia
   - HIV
   - Group B Strep
   - Ultrasound for fetal well being and dating
   - Glucose, for Gestational Diabetes
   - Others as indicated
7. Determine the appropriateness of the birth site according to ACNM guidelines.

B. Intrapartum Care

During labor, the CNM shall monitor and support the natural process of labor and birth, assessing mother and baby throughout the birthing process. The responsibilities of the CNM shall include, but are not limited to:

1. Assess and monitor fetal well-being through intermittent auscultation of fetal heart tones in accordance with ACNM guidelines.
2. Assess and monitor maternal well-being. While in attendance assess vital signs at least every 4 hours, or as indicated;
3. Monitor the progress of labor;
4. Monitor membrane status for rupture, relative fluid volume, odor, and color of amniotic fluid;

5. Assess cervical dilation, effacement, station, and position during each exam and document in client's chart.
6. Assist in birth of baby;
7. Inspection of placenta and membranes;

C. Postpartum Care

After the birth of the baby, the CNM shall assess, monitor, and support the mother during the immediate postpartum period until the mother is in stable condition and during the on-going postpartum period. The responsibilities of the CNM shall include, but are not limited to:

1. Immediate Postpartum Care
   a. Overall maternal well-being;
   b. Bleeding; including emergency management of postpartum hemorrhage as needed
   c. Vital signs;
   d. Abdomen, including fundal height and firmness;
   e. Bowel/bladder function;
   f. Perineal exam and assessment;
   g. Repair of episiotomy or laceration, as indicated;
   h. Facilitation of maternal-infant bonding and family adjustment.
   i. Maternal nutritional status assessment.
2. On-going Postpartum Care
   a. Overall maternal well-being;
   b. Bleeding
   c. Abdomen, including fundal height and firmness;
   d. Bowel/bladder function;
   e. Perineal exam and assessment, as indicated
   f. Facilitation of maternal-infant bonding and family adjustment;
   g. Maternal nutritional status assessment;
   h. Lactation assessment.

D. Newborn Care

After the birth of the baby, the CNM shall assess, monitor, and support the baby during the immediate postpartum period until the baby is in stable condition and during the on-going postpartum period. The responsibilities of the CNM include but are not limited to:

1. Immediate Newborn Care
   a. Overall newborn well-being;
   b. Vital signs;
   c. Color;
   d. Tone/Reflexes;
   e. APGAR scores at 1 and 5 minutes, and at 10 minutes when indicated;
   f. Temperature
   g. Feeding;
   h. Bowel/bladder function;
   i. Clamping/cutting of umbilical cord;
   j. Newborn physical exam, including weight and measurements;
   k. Eye prophylaxis upon consent
   l. Administration of Vitamin K, orally or intramuscularly upon consent
   m. Concerns of the family.
2. Ongoing Newborn Care
   a. Vital signs, including color and temperature;
   b. Tone/Reflexes;
   c. Feeding;
   d. Bowel/Bladder function;
   e. Weight gain;
   f. Newborn screening (PKU) as required by state law;
   g. Evaluation / treatment /referral for newborn jaundice;
   h. Referral for hearing screening;

i. Circumcision as requested;
j. Concerns of family.

E. Physician consultation and Referral

The CNM shall consult with the clients selected physician or facility whenever there are significant deviations (including abnormal laboratory results), during a client's pregnancy and birth, and/or with the newborn. If a referral is needed, the CNM will remain in consultation with the provider until resolution of the concern. It is appropriate for the CNM to maintain care of her client to the greatest degree possible, in accordance with the client's wishes, remaining present through the birth, if possible. The following conditions require physician consultation and may require physician referral and/or transfer of care.

1. Pre-existing Conditions, include but are not limited to:
   a. Asymptomatic cardiac disease;
   b. Active tuberculosis;
   c. Asthma, severe or uncontrolled by medication;
   d. Renal disease;
   e. Hepatic disorders;
   f. Endocrine disorders;
   g. Significant hematological disorders;
   h. Significant neurologic disorders;
   i. Essential hypertension
   j. Active cancer;
   k. Diabetes mellitus;
   l. Previous Cesarean section
   m. Current alcoholism or abuse;
   n. Current drug addiction or abuse;
   o. Current severe psychiatric illness;
   p. Isoimmunization;
   q. Positive for HIV antibody.
2. Pregnancy Related Conditions, include but are not limited to:
   a. Labor before the completion of the 36th week of gestation;
   b. Lie other than vertex at term;
   c. Multiple gestations;
   d. Significant vaginal bleeding;
   e. Gestational Diabetes Mellitus, uncontrolled by diet;
   f. Severe anemia, not responsive to treatment;
   g. Evidence of pre-eclampsia;
   h. Consistent size/dates discrepancy;
   i. Deep vein thrombosis (DVT);
   j. Known fetal anomalies or conditions affected by site of birth, with an infant compatible with life;
   k. Threatened or spontaneous abortion after 12 weeks;
   l. Abnormal ultrasound findings;
   m. Isoimmunization;
   n. Documented placental anomaly or previa;
   o. Post-term pregnancy;
   p. Positive HIV antibody test;
   q. Abnormal fetal surveillance;
   r. Known hemoglobinopathy or thombophilia.
3. Intrapartum Conditions, because of time urgency during certain intrapartal situations, it may be necessary to institute emergency interventions while waiting for physician consultation. These conditions include but are not limited to:
   a. Fetal intolerance of labor;
   b. Abnormal bleeding;
   c. Thick meconium-stained fluid with birth not imminent;
   d. Development of pre-eclampsia;

e. Maternal fever >100.4 degrees Fahrenheit, unresponsive to treatment;
f. Abnormal Presentation
g. Presence of herpes lesions;
h. Prolapsed cord;
i. Client's desire for pain medication.

4. Postpartum Conditions, because of time urgency during certain postpartal situations, it may be necessary to institute emergency interventions while waiting for physician consultation. These conditions include but are not limited to:
   a. Seizure
   b. Significant hemorrhage, not responsive to treatment;
   c. Adherent or retained placenta;
   d. Sustained maternal vital sign instability;
   e. Uterine prolapse;
   f. Uterine inversion;
   g. Repair of lacerations(s)/ beyond CNM's level of expertise;
   h. Anaphylaxis.
5. Neonatal Conditions, because of time urgency during certain postpartal situations, it may be necessary to institute emergency interventions while waiting for physician consultation. These conditions include but are not limited to:
   a. Apgar score less than 7 at five minutes of age, without significant improvement at 10 minutes;
   b. Persistent respiratory distress;
   c. Persistent cardiac irregularities;
   d. Central cyanosis or pallor;
   e. Prolonged temperature instability or fever >100.4 degrees Fahrenheit, unresponsive to treatment;
   f. Significant clinical evidence of glycemic instability;
   g. Evidence of seizure;
   h. Birth weight <2300gms;
   i. Significant clinical evidence of prematurity;
   j. Significant jaundice or jaundice prior to 24 hours;
   k. Loss of >10% of birth weight/failure to thrive;
   l. Major apparent congenital anomalies;
   m. Significant birth injury.

F. Medications

The CNM shall prescribe and/or administer medications in accordance with SDCL 36-9A-13 and SDCL 34-20B. A CNM who dispenses, administers, or prescribes controlled substances in South Dakota must have a South Dakota Controlled Substance Registration and federal Drug Enforcement Administration registration. The CNM shall document in the client's chart the type of prescribed medication(s) administered, name of prescribed medication, expiration date, lot number, dosage, method of administration, site of administration, date, time and the prescribed medication's effect.

The CNM shall maintain, prescribe and administer all necessary medications for safe birth including but not limited to:

- Antibiotics
- Oxygen
- Analgesics
- Anti-emetics
- Local Anesthetic
- IV fluids
- Anti-hemorrhagics
- Vaccines

G. Emergency Care

Certain emergency procedures and medications may be administered by the CNM in a situation in which the health and safety of the mother or newborn are determined to be at risk to include but not limited to:

1. Cardiopulmonary resuscitation of the mother or newborn in accordance with American Pediatric Association and American Heart Association Guidelines.
2. Manual exploration of the uterus for placenta to control severe bleeding.

H. Safe Environment for Birth

In order to provide the safest possible birth, the CNM shall:

1. Assess the birth setting for freedom from environmental hazards and appropriateness for out of hospital birth including the following but not limited to:
   a. Make certain that potential of hospital birth client has adequate social supports before and during birth;
   b. Provide clients with a signed agreement to transfer mother and/or infant to the hospital at the discretion of the attendant at any time during labor, delivery and postpartum;
   c. Provide clients with a signed agreement to use anti-hemorrhagics when indicated for the health of the mother;
   d. Develop arrangements for emergency transport prior to 36 weeks;
   e. Make certain that potential of out of hospital birth client has received adequate childbirth and breastfeeding education;
   f. Make certain that potential out of hospital birth clients have a clean birthing environment and that supplies are orderly;
   g. Receive and review complete records from previous provider for current and/or past pregnancies;
   h. Make certain that potential out of hospital birth client has in-home help available 24 hours/day for at least 3 days postpartum
   i. Make certain that potential out of hospital birth client has Pediatric care arranged prior to 36 weeks pregnancy;
   j. Make certain that potential out of hospital birth client is physically and mentally healthy and well nourished
   k. Make certain preparation of persons planning to be present at the birth is completed;
   l. Make certain that primary participants are mature and able to accept responsibility for outcome of birth;
2. Make certain that potential client understands that there will be no interventions unless medically necessary;
3. Make certain that potential client understands that there will be no use of labor pain medications in the out of hospital setting.
4. Bring client records and her/his own equipment, supplies to birth setting, as identified under sections F. Medications and I. Equipment and Supplies.
5. Promptly respond to the clients' needs by providing clients with;
   a. Appropriate contact information for CNM;
   b. Emergency contact and backup plan information.

I. Equipment and Supplies

The CNM shall maintain in good working order all necessary maternal and infant equipment and supplies for safe birth including but not limited to:

- Sterile instruments and supplies
- Doppler/Fetoscope
- Suctioning
- Suturing
- Resuscitation
- IV therapy
- Medication and oxygen administration
- Sterile soft goods
- Lab

J. Birth Registration and Reportable Diseases

The CNM shall complete all required birth registration information with appropriate prenatal data and report any reportable diseases in accordance with South Dakota law for Vital Statistics Reporting to the South Dakota Department of Health.

K. Quality Review

Birth registration and reportable information shall be reviewed by the Boards for each out-of-hospital birth for evaluation and quality management purposes. The CNM shall provide additional documentation to the Boards upon request for review. The CNM shall report within 48 hours to the Boards any neonatal or maternal mortality in patients for whom she has cared in the perinatal period.

I, the undersigned, declare and affirm that this document has been examined by me, and I agree to follow these guidelines.

I am aware that should I violate the terms of this document, such an act may constitute cause for denial of approval of this waiver, removal of an approved waiver, and/or discipline of my license to practice in South Dakota.

I understand that my request to waive the collaborative agreement to allow me to attend out-of-hospital births utilizing these guidelines will not take effect until written approval from the Boards has been received by me.

Signature of Certified Nurse Midwife _____ Date _____

Print / Type Name _____

IT IS HEREBY APPROVED that the above CNM is granted a waiver of the collaborative agreement to attend out-of-hospital births as adopted by the Boards.

Gloria Damgaard, Executive Director
South Dakota Board of Nursing _____ Date _____

Margaret B. Hansen, Executive Director
South Dakota Board of Medical and Osteopathic Examiners _____ Date _____